

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

2002

Open to Public
InspectionA For the 2002 calendar year, or tax year beginning **9/01/02**, and ending **8/31/03**

B Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

HOPE CANCER FUND

Number and street (or P.O. box if mail is not delivered to street address)

10736 MAGNOLIA BLVD., STE. 10

Room/suite

City or town, state or country, and ZIP + 4

N. HOLLYWOOD**CA 91601**

D Employer ID number

38-3427023

E Telephone number

818-752-7001F Accounting method: ☐ Cash☒ Accrual ☐ Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) If "Yes," enter no. of affiliates ☐ Yes ☐ NoH(c) Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instr.)

H(d) Is this a separate return filed by an

organization covered by a group ruling? ☐ Yes ☐ NoI Enter 4-digit GEN ☐M Check ☒ if the organization is not required

to attach Sch. B (Form 990, 990-EZ, or 990-PF)

G Web site: ☐

J Organization type

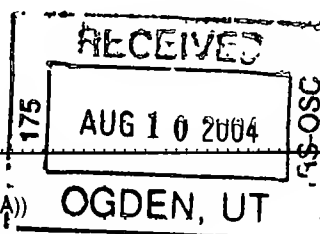
(check only one) ☒ 501(c) (**3**) (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data.

Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **459,359****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions.)**

1	Contributions, gifts, grants, and similar amounts received:		
a	Direct public support	1a	459,359
b	Indirect public support	1b	
c	Government contributions (grants)	1c	
d	Total (add lines 1a through 1c) (cash \$ 459,359 noncash \$)	1d	459,359
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	
3	Membership dues and assessments	3	
4	Interest on savings and temporary cash investments	4	
5	Dividends and interest from securities	5	
6a	Gross rents	6a	
b	Less: rental expenses	6b	
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	
7	Other investment income (describe)	7	
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other
b	Less: cost or other basis and sales expenses	8a	
c	Gain or (loss) (attach schedule)	8b	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	
8d		8d	
9	Special events and activities (attach schedule)		
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a	
b	Less: direct expenses other than fundraising expenses	9b	
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	
10a	Gross sales of inventory, less returns and allowances	10a	
b	Less: cost of goods sold	10b	
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	
11	Other revenue (from Part VII, line 103)	11	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	459,359
13	Program services (from line 44, column (B))	13	61,577
14	Management and general (from line 44, column (C))	14	24,062
15	Fundraising (from line 44, column (D))	15	388,937
16	Payments to affiliates (attach schedule)	16	
17	Total expenses (add lines 16 and 44, column (A))	17	474,576
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-15,217
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	29,107
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	13,890



Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 21 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) Stmt 1 (cash \$ 3,300 non-cash \$)	22 3,300	3,300		
23 Specific assistance to individuals	23			
24 Benefits paid to or for members	24			
25 Compensation of officers, directors, etc.	25 12,000	10,800	600	600
26 Other salaries and wages	26			
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29 1,163	1,047	58	58
30 Professional fundraising fees	30 358,835	17,942		340,893
31 Accounting fees	31 17,436		8,677	8,759
32 Legal fees	32 100		100	
33 Supplies	33 7,283	3,642	3,641	
34 Telephone	34 3,407	2,725	341	341
35 Postage and shipping	35 423	339	42	42
36 Occupancy	36 19,574	17,616	979	979
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39 8,685	2,895	2,895	2,895
40 Conferences, conventions, and meetings	40 4,837	484	3,869	484
41 Interest	41 683		683	
42 Depreciation, depletion, etc. (attach schedule)	42 875	787	44	44
43 Other expenses not covered above (itemize) a	43a			
b See Statement 2	43b 35,975		2,133	33,842
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 474,576	61,577	24,062	388,937

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

▶ ☒ Yes ☐ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ **358,835**, (ii) the amount allocated to Program services \$ **17,942**,(iii) the amount allocated to Management and general \$, and (iv) the amount allocated to Fundraising \$ **340,893****Part III Statement of Program Service Accomplishments** (See page 24 of the instructions.)

What is the organization's primary exempt purpose?

▶ **PROVIDE HELP AND SUPPORT TO CANCER PATIENTS.**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) & (4) orgs. & 4947(a)(1) trusts, but optional for others.)**a** **DIRECT DISBURSEMENTS TO CANCER PATIENTS TO COVER MEDICAL NEEDS AND PRESCRIPTION DRUGS.**(Grants and allocations \$ **3,300**) **58,852****b** **MAINTENANCE OF TOLL FREE TELEPHONE LINE.**(Grants and allocations \$) **2,725****c**

(Grants and allocations \$)

d

(Grants and allocations \$)

e Other program services (attach schedule)

(Grants and allocations \$)

f Total of Program Service Expenses (should equal line 44, column (B), Program services)▶ **61,577**

Part IV Balance Sheets (See page 24 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing	30,492	45	18,304
46	Savings and temporary cash investments		46	
47a	Accounts receivable			
b	Less: allowance for doubtful accounts		47c	
48a	Pledges receivable			
b	Less: allowance for doubtful accounts		48c	
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule) See Worksheet		50	455
51a	Other notes and loans receivable (attach schedule)			
b	Less: allowance for doubtful accounts		51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55a	Investments-land, buildings, and equipment: basis			
b	Less: accumulated depreciation (attach schedule)		55c	
56	Investments-other (attach schedule)		56	
57a	Land, buildings, and equipment: basis	4,758		
b	Less: accumulated depreciation (attach schedule) See Stmt 3	2,572	57c	2,186
58	Other assets (describe See Stmt 4)	250	58	250
59	Total assets (add lines 45 through 58) (must equal line 74)	33,801	59	21,195
60	Accounts payable and accrued expenses		60	2,900
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe See Stmt 5)	4,694	65	4,405
66	Total liabilities (add lines 60 through 65)	4,694	66	7,305
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	29,107	67	13,890
68	Temporarily restricted		68	
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	29,107	73	13,890
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	33,801	74	21,195

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 26 of the instructions.)

N/A	a Total revenue, gains, & other support per audited financial statements	a
b	Amounts included on line a but not on line 12, Form 990	
	(1) Net unrealized gains on investments \$	
	(2) Donated services and use of facilities \$	
	(3) Recoveries of prior year grants \$	
	(4) Other (specify):	
	\$	
	Add amounts on lines (1) through (4)	b
c	Line a minus line b	c
d	Amounts included on line 12, Form 990 but not on line a:	
	(1) Investment expenses not included on line 6b, Form 990 \$	
	(2) Other (specify):	
	\$	
	Add amounts on lines (1) and (2)	d
e	Total revenue per line 12, Form 990 (line c plus line d)	e

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

N/A	a Total expenses and losses per audited financial statements	a
b	Amounts included on line a but not on line 17, Form 990:	
	(1) Donated services and use of facilities \$	
	(2) Prior year adjustments reported on line 20, Form 990 \$	
	(3) Losses reported on line 20, Form 990 \$	
	(4) Other (specify):	
	\$	
	Add amounts on lines (1) through (4)	b
c	Line a minus line b	c
d	Amounts included on line 17, Form 990 but not on line a:	
	(1) Investment expenses not included on line 6b, Form 990 \$	
	(2) Other (specify):	
	\$	
	Add amounts on lines (1) and (2)	d
e	Total expenses per line 17, Form 990 (line c plus line d)	e

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 26 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contnb to employee benefit plans & deferred compensation	(E) Expense account and other allowances
BENJAMIN SPIVEY 537 S. KENMORE AVE, LOS ANGELES, CA	PRESIDENT 40	12,000	0	0
RICHARD JUSTIN III 321 W. MASON, JACKSON, MI 49203	DIRECTOR AS NEC	0	0	0
CHERRILL SMITH 21062 GARY DR, CASTRO VALLEY, CA	AS NEC	0	0	0
ALEX WALKER 10736 MAGNOLIA BLV, N HOLLYWOOD, CA	AS NEC	0	0	0
ERIC CONNOWAY 756 JOHNSON WY, RESEDA, CA 91704	DIRECTOR AS NEC	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?
If "Yes," attach schedule-see page 26 of the instructions.

► ☐ Yes ☒ No

Part VI Other Information (See page 27 of the instructions.)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78a Did the organization have unrelated business gross inc. of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a Enter direct or indirect political expenditures See line 81 instr.	81a	
b Did the organization file Form 1120-POL for this year?	81b	X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A
c Dues, assessments, and similar amounts from members	85c	
d Section 162(e) lobbying and political expenditures	85d	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b Gross receipts, included on line 12, for public use of club facilities	86b	
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="text"/> 0 ; section 4912 <input type="text"/> 0 ; section 4955 <input type="text"/> 0		
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
90a List the states with which a copy of this return is filed <input type="text"/> CA MI FL LA		
b Number of employees employed in the pay period that includes March 12, 2002 (See instructions.)	90b	
91 The books are in care of <input type="text"/> BENJAMIN SPIVEY Located at <input type="text"/> N HOLLYWOOD, CA		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text"/> 92		

 Telephone no. 866-334-4673
 ZIP + 4 91601

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

OMB No 1545-0047

2002

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

HOPE CANCER FUND

38-3427023

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee ben plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 ▶				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instr. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$ 50,000	(b) Type of service	(c) Compensation
HOPES & DREAMS, INC. 110 22ND AVE. WEST, BRADENTON, FL 34205	FUND RAISER	128,068
PUBLIC ADVOCATE 4837 SWIFT RD, SARASOTA, FL 34231	FUND RAISER	72,244
Total number of others receiving over \$50,000 for professional services ▶		0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2002

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amount on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of exp if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X
Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶**
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	639,562	243,818	75,346		958,726
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross inc. from int., dividends, amounts received from pymt. on securities loans (section 512(a)(5)), rents, royalties, & unrelated busn. taxable inc. (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revn. levied for the organization's ben. & either paid to it or expended on its behalf					
21 The value of serv. or fac. furnished to the org. by a governmental unit without charge. Do not incl. the value of serv. or fac. generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of cap. assets.					
23 Total of lines 15 through 22	639,562	243,818	75,346		958,726
24 Line 23 minus line 17	639,562	243,818	75,346		958,726
25 Enter 1% of line 23	6,396	2,438	753		

26 Organizations described on lines 10 or 11:	a	Enter 2% of amount in column (e), line 24	26a	19,175
b	Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		26b	
c	Total support for section 509(a)(1) test: Enter line 24, column (e)		26c	958,726
d	Add: Amounts from column (e) for lines:	18 _____ 19 _____ 22 _____ 26b _____	26d	
e	Public support (line 26c minus line 26d total)		26e	958,726
f	Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	100.0000%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:

N/A

(2001) (2000) (1999) (1998)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

N/A

(2001) (2000) (1999) (1998)

c	Add: Amounts from column (e) for lines:	15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	
d	Add. Line 27a total _____ and line 27b total _____		27d	
e	Public support (line 27c total minus line 27d total)		27e	
f	Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f		
g	Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g	%
h	Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	N/A	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement.)	31		
32 Does the organization maintain the following:			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33 Does the organization discriminate by race in any way with respect to:			
a Students' rights or privileges?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance?	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities?	33h		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VII

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

(i) **Cash**

(li) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule:

[illegible]

Form 990/990-PF	Receivables Due from Officers, Directors, Trustees, and Key Employees or Other Disqualified Persons	2002
For calendar year 2002, or tax year beginning 9/01/02 , and ending 8/31/03		

Name HOPE CANCER FUND	Employer Identification Number 38-3427023
-------------------------------------	---

Form 990, Part IV, Line 50 - Additional Information

Name of borrower	Title
(1) BENJAMIN SPIVEY	PRESIDENT
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 455				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	REPAY ADVANCES
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)		455	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals		455	

Federal Statements

Statement 1 - Form 990, Part II, Line 22 - Grants, Allocations, and Contributions

Description	Cash Contribution	Noncash Contribution
Donations & Grants	\$ 3,300	\$
Total	\$ 3,300	\$ 0

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
Expenses	\$	\$	\$	\$
Bank Service Charges	56		56	
Consulting	33,842			33,842
Insurance	762		762	
Licenses	1,315		1,315	
Total	\$ 35,975	\$ 0	\$ 2,133	\$ 33,842

Statement 3 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
Office Equipment	\$ 4,757	\$ 1,698	\$ 4,758	\$ 2,572
Total	\$ 4,757	\$ 1,698	\$ 4,758	\$ 2,572

Statement 4 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
Deposit	\$ 250	\$ 250
Total	\$ 250	\$ 250

Statement 5 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
CC - Citi AAdvantage World MC	\$ 4,694	\$ 4,405
Total	\$ 4,694	\$ 4,405

Federal Statements

Form 990, Part I, Line 1a - Direct Public Support

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
Contributions Received - Public	\$ <u>459,359</u>	\$ <u></u>	\$ <u>459,359</u>
Total	\$ <u>459,359</u>	\$ <u>0</u>	\$ <u>459,359</u>



[Mission Statement](#) > [History](#) > [Annual Report](#) > [Educational Links](#) > [Client Assistance](#)



Alaska
California
Florida
Louisiana
Tennessee
Alabama
Indiana
New York
West Virginia
North Carolina
Georgia
Kentucky
Michigan
Maine

Hope Cancer Fund

is a non-profit, tax exempt organization founded in 1940. Its focus is to help cancer patients and their family with special needs. Perhaps you or someone you know is at that point in time with cancer and uncertain what will turn next. Hope Cancer Fund, with many other concerns like yourself, want to make a difference that it takes to fight for survival a better way than that.

"Together we Make th

Welcome

High Points >>>



- Direct Financial Assistance
- Education
- We do not give to research
- We cut through red tape

About Us >>>

Hope Cancer Fund is one of only few organizations in the country that helps cancer patients with direct financial assistance.

Since the founding of other larger non-profit organizations in the 1940's and 1950's many people have assumed that the needs of cancer patients were being completely met. However, given the changing times and the rising cost of health insurance, facilities and care there is an astounding number of cancer patients who are in great need financially. **Hope Cancer Fund** strives to fulfill and meet these needs when it comes to financial concerns.

What sets **Hope Cancer Fund** apart from other non-profit organizations that deal with cancer is that we give **direct financial assistance to individuals**.

Hope Cancer Fund was founded by caring people who have dealt with cancer in their own families. When they saw their families going through this ordeal they became aware that there were some patients who had special needs which were not being met. Therefore, this



Dear Friends in Christ,
Thank you for your love,
and for being an answer to
God is so good. Thank you
instrument.



organization was formed to assist with those special needs, helping specifically with financial assistance.

©2002 Hope Cancer Fund | Created by: David Mascarina



[Mission Statement](#) > [History](#) > [Annual Report](#) > [Educational Links](#) > [Client Assistance](#) > [Home](#)



Hope Cancer Fund is a non-profit, tax exempt organization founded in 1994. Our focus is to help cancer families with financial needs. Hope Cancer Fund was founded by caring people who have dealt with cancer families. When they saw their families going through this ordeal they became aware that there were some special needs which were not being met. Therefore, Hope Cancer Fund was subsequently founded to assist special needs, helping specifically with financial assistance.

Hope Cancer Fund is one of only a few organizations in the country that helps cancer patients with direct assistance. What sets Hope Cancer Fund apart from other non-profit organizations that deal with cancer is direct financial assistance to individuals.

Since the founding of other larger non profit organizations in the 1940's and 50's many people have assumed that the needs of cancer patients were being completely met. However, given the changing times and the rising cost of medical facilities and the care there is an astonishing number of cancer patients who are in great need financially. Hope Cancer Fund strives to fulfill and meet these needs when it comes to financial concerns.

HELP NOW!

Donate with your Visa or MasterCard through PayPal!



©2001 Hope Cancer Fund | Created by: [David Mascarina](#) © 2002



[Mission Statement](#) > [History](#) > [Annual Report](#) > [Educational Links](#) > [Client Assistance](#) > [Home](#)



Client Assistance

Some of the needs **Hope Cancer Fund** helps with are as follows:

- Travel expense (out of town travel)
- Prescription costs
- Medical Equipment
- Maintaining insurance policies during treatment
- Medical bills
- Assistance in locating grief/emotional support groups

Hope Cancer Fund:

I have been meaning to contact you for some time. Perhaps you remember sending a sizable check for Elaine needs. For which we were and are greatly grateful! Elaine died November 10, 2000. Today would be her 49th birthday! This, in a way could be her present. Her last few months were heart-rendering, but, to myself, are coming to terms with it and just taking life one day at a time. But we do miss her. Please accept our thoughts of gratitude for your goodness and help when it was most needed. Do hope well with what you are doing and you can continue to help others as you helped us.

Hak

Hope Cancer Fund
1-866-334-HOPE

For More Information
Call:
1-877-601-4285



Otis Sawyer is a carpenter at age 58, he had been a heavy smoker his lifetime. On January of 2001, he became ill with a loss of weight like symptoms. His doctors discovered tumors on his lungs, which were Lung Cancer. His doctors approached Hope Cancer Fund for financial assistance for doctor bills, chemotherapy, radiation, and other financial needs. Now, he is trying to cope with his illness. Hope Cancer Fund helped him go through this hardship.

Josephine Tyson is suffering from Stage IIB Carcinoma of the Cervix, known as Cervical Cancer. Hope Cancer Fund helped her finance her medical bills so her and her family could cope with this challenge.



Donald Matley was diagnosed with Lung Cancer with Brain Mets. He has to raise a family of three with a minimal salary. To pay for his medical equipment he needs such as wheel chair and oxygen, he approached the Hope Cancer Fund. He needed wheel chair to be able to reach his destinations for medical appointments. Hope Cancer Fund is helping him and his family with their financial needs.



Lindsey Connely



Lindsey had medulloblastoma in October of 1999. She went through a craniotomy to relieve the bleeding on her brainstem. The surgery left her unable to speak, physically debilitated, had a hard time breathing, and was totally blind - no light. She went to rehabilitation afterward to regain her balance, and her functionality. But when she went through chemotherapy for 6 months, she suffered spinal cord swelling which left her paralyzed. Her family had no choice but to stop the chemotherapy because of the fact that there were still a spot of tumor the doctors feared would grow again. Her family began an exhaustive home program with the guidance of her doctors. **She made a remarkable progress!** Her cancer is in remission at this time - the spot on her brain is gone. Even though she remains blind, she began to make use of her limbs - which is her greatest accomplishment. Her family took her to a Cancer Center to help her move much faster. She is an independent person who never wants to let anyone help her. **She is a fighter and perseveres to achieve her goals.**

HELP NOW!

Donate with your Visa or MasterCard through PayPal!

HOPE CANCER FUND - Year Ended 08/31/03

OFFICE EQUIPMENT & FURNITURE

Tax Depreciation Schedule (Printed 07/13/04)

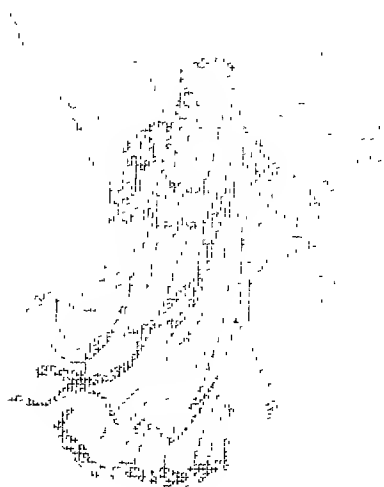
Description	Date	Cost or	%			Prior		Current		Accum	Adj Tax	Depr & S179
	Acquired	Basis	Bsns	M	Lf	S 179	Deprec	S 179	Deprec	Deprec	Basis	Next Year
COMPUTER	02/28/01	1000		3	5		357		184	541	459	184
CD WRITE	02/28/01	300		3	5		107		55	162	138	55
PRINTER	02/28/01	400		3	5		143		73	216	184	74
PHONES	02/28/01	200		3	5		71		37	108	92	37
LAPTOP	02/28/01	1000		3	5		357		184	541	459	184
DISK DRIVE	02/28/01	200		3	5		71		37	108	92	37
CD ROM DRIVE	02/28/01	300		3	5		107		55	162	138	55
TYPEWRITER	02/28/01	100		3	5		36		18	54	46	18
COMPUTER (SEARS '99)	02/28/01	1257		3	5		449		231	680	577	231
Totals		4757				0	1698	0	874	2572	2185	875
Total current expense								0	874			
Ending balance (08/31/03)		4757								2572	2185	

HOPE CANCER FUND

**10736 Magnolia Blvd. #10
North Hollywood C.A. 91601
1-(818)-752-7001
1-(866)-334-HOPE**

www.hopecancerfund.com

**REGISTRATION
PACKAGE**



HOPE CANCER FUND

1-(818)-752-7001

1-(866)-334-HOPE

Dear Friend,

Thank you for your interest in our organization. We hope that we can be of assistance to you and your Family. We recently received your name from a concerned friend or loved one.

We are ***Hope Cancer Fund***, a non-profit organization dedicated to making a difference in the lives of cancer patients. ***Hope Cancer Fund's*** primary goal is to provide financial assistance in meeting the special needs of cancer patients and their families.

Below is a list of the ways which our organization is proud to be of assistance:

- Medical equipment
- Prescription Cost's
- Payments of insurance premiums
- Transportation, travel, and housing.

PLEASE CHECK THIS FORM AND RETURN IT WITH THE FOLLOWING INFORMATION WE HAVE REQUESTED:

- _____ A completed, signed, and dated **REGISTRATION FORM**.
- _____ A completed, signed and dated **CONSENT & RELEASE FORM**.
- _____ A letter and supporting documents from the client's primary physician stating the illness, current status and prognosis.
- _____ At least **THREE (3) COLOR PHOTOS** of client.

As soon as the requested information is received, ***Hope Cancer Fund*** will begin moving forward toward presenting each case to the board of directors. Funding is decided on a case by case basis by a five member board.

Awaiting your reply, I remain,

Sincerely,


Benjamin Spivey
President

CONSENT & RELEASE FORM

(Please Print)

CLIENT INFORMATION:

Client Name: _____

Date of Birth: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) - ____ - ____ Work Phone: (____) - ____ - ____

Place of Employment: _____

Position Held: _____ Work Hours: _____

May we call you at work? YES _____ NO _____ (check one)

If YES. What is the best time? _____ AM _____ PM _____ (check one)

I agree to notify *Hope Cancer Fund* immediately of any changes in my home and/or work address and/or phone numbers. YES _____ NO _____ (check one)

THE UNDERSIGNED HEREBY AGREES to indemnify and hold harmless *Hope Cancer Fund* and its officers, agents, employees and volunteers for and against all demands, claims, actions, suits, damages, costs and expenses including legal costs and attorney fees arising out of or resulting from the use and dissemination of the information supplied and the help requested and/or granted. By my signature I understand and agree that my likeness and the information contained herein may be used by *Hope Cancer Fund Inc.*

Signature: _____ Date: _____

Printed Name: _____

REGISTRATION FORM

(Please Print)

Have you received help or financial assistance from any other organization or group? (church group etc.) (this will in no way affect the boards decision as to the assistance you receive from Hope Cancer Fund) Yes _____ No _____

Name of Organization _____

Help received _____

Name of Primary Care Physician: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) - ____ - _____

Describe client's medical condition: _____

CHILD INFORMATION: (If Child)

Child's full Name: _____

Sex: Male _____ Female _____ (check one) Social Security #: _____

Date of Birth: _____ Place of Birth: _____

Child's Hobbies and Interests: _____

Names of Siblings: _____ Age: _____

CONTINUED (Page 2)
(Please Print)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines, typical of notebook paper. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Please remember to include three (3) color photos of client.

